



## CLAIM FOR DAMAGES

**NOTE:** A claim relating to a cause of action for death or for injury to person or to personal property or grown crops shall be presented not later than six (6) months after the accrual of the cause of action. A claim relating to any other cause of action shall be presented not later than one (1) year after the accrual of the cause of action. (Refer to California Government Code Section 911.2)

**INSTRUCTIONS:** Deliver or mail the completed claim form to City of Fresno, Risk Management, 2600 Fresno Street, Room 1030, Fresno, CA 93721-3612. Retain the pink copy for your records. Sign and date all attachments to the claim form.

RECEIVED

JUL 03 2019

CITY OF FRESNO  
Personnel Services Department  
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Name of Claimant (Injured or Damaged Party) <b>Central Valley Community Sports Foundation</b>		Birthdate of Claimant N/A
Home Address of Claimant City/State/Zip Code		Home Telephone Number
Business Address of Claimant City/State/Zip Code 2141 Tuolumne Street, Suite M Fresno CA 93721		Business Telephone Number 559-486-1056
Social Security Number of Claimant		CA Drivers License Number
Name of Person to whom any Notices concerning Claim should be sent (If different from above) Terance Frazier		Relationship to Claimant Director
Address of Person to whom any Notices concerning Claim should be sent (If different from above)		Telephone Number
When did Injury, Damage or Loss occur? (Date and Time) Approximately February 7, 2019		Police Report Number
Where did Injury, Damage or Loss occur? (Location Name, Street Address, Intersecting Streets, etc.) At Fresno City Hall		
How did Injury, Damage or Loss occur? (Provide full details - Use separate sheets, if necessary) City manager and/or Mayor and others prematurely and knowingly released a false and misleading audit report containing known errors.		
What did City or City Employee(s) do to cause the Injury, Damage or Loss? What are the name(s) of City Employee(s) who caused the Injury, Damage or Loss (If known)? The referenced audit report did not follow GAAP standards for audits, contained known errors and false and misleading information about the foundation's operations at Granite Park. City Manager Quan, Mayor Brand, and others.		
Describe the Injury, Damage or Loss claimed. (Provide full details - Attach any medical records and use separate sheets, if necessary.) Loss of reputation, false light, loss of sponsorships and other consequential damages, contract damages including breach of the covenant of good faith and fair dealing.		
What is the amount of Injury, Damage or Loss claimed, including the estimated amount of any future Injury, Damage or Loss. (Itemize and attach medical bills, property damage estimates, etc.-Use separate sheets, if necessary). If the amount claimed exceeds \$10,000.00, no dollar amount shall be included. However, you shall indicate whether the claim would be a limited civil case. (Refer to California Government Code Section 910(f)) Total estimated damages exceed \$6,000,000.00.		
Name, Address & Telephone Number of Witness(es), Doctor(s) and/or Hospital(s). (Use separate sheets, if necessary). Terance Frazier, TJ Cox, Chris Foxen, Tamara Ramos and personnel at City Hall currently unknown to claimant.		
Signature of Claimant or Person acting on Claimant's behalf 		Date July 3, 2019



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CITY OF FRESNO Personnel Services Department OFFICIAL USE ONLY
1130 DB
OFFICIAL USE ONLY

Name of Claimant (Injured or Damaged Party) <b>Terance Frazier</b>	Birthdate of Claimant <b>12-20-1968</b>	
Home Address of Claimant  	City/State/Zip Code  	Home Telephone Number  
Business Address of Claimant <b>2141 Tuolumne Street, Suite M</b>	City/State/Zip Code <b>Fresno CA 93721</b>	Business Telephone Number <b>559-486-1056</b>
Social Security Number of Claimant  	CA Drivers License Number  	
Name of Person to whom any Notices concerning Claim should be sent (If different from above)  	Relationship to Claimant  	
Address of Person to whom any Notices concerning Claim should be sent (If different from above)  	Telephone Number  	
When did Injury, Damage or Loss occur? (Date and Time) <b>Approximately February 7, 2019</b>	Police Report Number  	
Where did Injury, Damage or Loss occur? (Location Name, Street Address, Intersecting Streets, etc.) <b>At Fresno City Hall</b>		
How did Injury, Damage or Loss occur? (Provide full details - Use separate sheets, if necessary) <b>City manager and/or Mayor and others prematurely and knowingly released a false and misleading audit report for Granite Park containing known errors.</b>		
What did City or City Employee(s) do to cause the Injury, Damage or Loss? What are the name(s) of City Employee(s) who caused the Injury, Damage or Loss (If known)? <b>The referenced audit report did not follow GAAP standards for audits, contained known errors and false and misleading information about the foundation's operations at Granite Park. City Manager Quan, Mayor Brand, and others.</b>		
Describe the Injury, Damage or Loss claimed. (Provide full details - Attach any medical records and use separate sheets, if necessary.) <b>Loss of reputation, false light, loss of investors and other consequential damages.</b>		
What is the amount of Injury, Damage or Loss claimed, including the estimated amount of any future Injury, Damage or Loss. (Itemize and attach medical bills, property damage estimates, etc.-Use separate sheets, if necessary). If the amount claimed exceeds \$10,000.00, no dollar amount shall be included. However, you shall indicate whether the claim would be a limited civil case. (Refer to California Government Code Section 910(f)) <b>Total estimated damages exceed \$4,000,000.00.</b>		
Name, Address & Telephone Number of Witness(es), Doctor(s) and/or Hospital(s). (Use separate sheets, if necessary). <b>Terance Frazier, TJ Cox, Chris Foxen, Tamara Ramos and personnel at City Hall currently unknown to claimant.</b>		
Signature of Claimant or Person acting on Claimant's behalf 		Date <b>July 3, 2019</b>